

REGISTRATION FORM
EDUCATING WITH VIRTUAL EXPERIENCE WORKSHOP
November 5-7, 2003
Maynooth, Ireland

Last Name First Name Middle Initial

Institute or Organization

Address (city, state/country, zip/postal code)

Email Phone Fax

Fee Schedule (in Euros per person)

Registration - regular € 250.00 _____

Registration – student € 50.00 _____

Guest banquet (Nov. 6)* € 50.00 _____
(guests are not admitted to sessions)

Total in Euros _____

*Name of Guest: _____

*Payment can only be accepted with Visa or MasterCard and will be charged to
Maynooth Campus Conference & Accommodations.*

Please check: _____ Visa _____ MasterCard

Name on card

Card number Expiration date

Signature

*A confirmation will be sent to the email address on this form. Your receipt will be included
in the workshop packet you will receive at check-in.*

**Please return completed form to Marci P. Delaney as an email attachment
(mpdelane@umbc.edu) or by fax +1 301-286-0574.**